



Group Registration

(One registration form per group)

Symposium
2000

Discount offer valid
until June 16 only.

PLEASE PRINT

CONTACT: LAST NAME

FIRST NAME

MI

JOB TITLE

SCHOOL/AGENCY (IF APPLICABLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

()

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PHONE

FAX

List individuals on the back or attach an additional sheet if necessary.

Is this your first time attending School's In? ____ Yes ____ No

If no, how many times have you attended the Symposium? ____



Special Requests—Please specify (sign interpreters, braille materials, etc.):

Please provide a daytime phone number at which we may contact you: ()

Mail completed form and payment to:

California Department of Education
Cashier's Office
School's In!
P.O. Box 1925
Sacramento, CA 95809-1925



PLEASE NOTE: The California Department of Education reserves the right to delete or substitute workshops or otherwise make changes to the program without notice. Audio or video recording is strictly prohibited without written approval from the Department. The Department is not responsible for lost or misdirected mail. Purchase orders cannot be accepted for School's In! registration. Purchase orders will be returned and your registration delayed. Payment only by check or credit card will be accepted for Symposium registration.

Make photocopies of this form and give to interested colleagues.

Hotel Reservations

Return your completed Hotel Reservation form to the Sacramento Visitors Bureau. Deadline for receipt of mailed or faxed reservations is **July 7, 2000**. Special School's In! rates are limited and may not be available after July 7. **Availability is limited to a first-come, first-served basis.** If you have any questions, you may call the Bureau at (916) 264-7617.

Registration

Registration with payment **MUST be postmarked by the date listed** to ensure the special group rate:

GROUPS OF 10 OR MORE
Bring your superintendent, teachers, parents, and school board members, and make a team of 10 or more!

\$90 per person

if postmarked by **Friday, June 16, 2000**. Otherwise, regular rates apply.

We are unable to process ANY purchase orders.

Only checks and credit card payments will be accepted. Please do not send cash. Payment **must** accompany registration form.

Credit card registration may be faxed to:
(916) 323-2728

Refunds: A \$25 administration fee will be deducted per person. **No refunds after August 4.**

☐ Check (made payable to **Department of Education ATA #899**)

☐ VISA

☐ MasterCard



FOR CDE USE ONLY

Check # _____

Amount \$ _____

Confirmation # _____

Card Number (Please write clearly.) _____

Expiration Date: Month _____ Year _____

Name on Card _____

Authorized Signature _____



GROUP REGISTRATION PLEASE PRINT. USE ADDITIONAL SHEETS IF NECESSARY.

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